

## **HIV HEALTH SERVICES PLANNING COUNCIL**

### **Meeting Minutes**

August 24, 2022 10am-12pm  
10:04 a.m. to 12:26 p.m.

### **Meeting Location: Via Teleconference. No in-person meeting.**

Zoom Teleconference Info: 1-669-254-5252

Zoom Conference ID: 161 057 8708

Zoom Passcode: 454131

**Facilitator:** Richard Benavidez, Council Chair

**Scribe:** Danielle Caravella, Paula Gammell, County Staff.

**Council Member Attendees via Teleconference:** Beth Valentine, Chelle Gossett, Jake Bradley-Rowe, Joshua Kooman, Judy Vang, Kristina Kendricks-Clark, Melissa Willett, Melody Law, Richard Benavidez, Tracy Thomas, Zachary B.

**Members Excused:** Dennis Poupart, Ronnie Miranda, Shy Brown.

**Members Absent:** David Contreras, Kaye Pulupa, Kane Ortega, Michael Ungeheuer, Michael Wofford, Minerva Reid, Steve Austin, Tracy Jenkins, William Rhodes.

**Guests:** Tracy Lee, Rashida Green, Christopher Kendrick Stafford, Keshia Lynch, Kelly Gluckman, Amanda Rehn, Tiara Johnson, Elaine Nye.

Topic	Minutes
Welcome, Introductions and Announcements	Sunburst Projects is holding their annual golf tournament on October 15 <sup>th</sup> ; more information can be found on their website at <a href="http://sunburstprojects.org">sunburstprojects.org</a> .
Voting Process Update	<p>New voting process. Roll Call voting will now take place. Additionally, please use the raise your hand feature on your zoom video to ask questions and wait to be called on . Please make sure your questions are in regards to what is being spoken about.</p> <p>Direct messages are not allowed, this is a violation of the Brown Act and violates ethics. Please make your comment to the entire group.</p>
Public Comments	<p>Tracy Thomas apologized for disruptive behavior at the May meeting but stated that it was intentional to highlight some issues with compliance to the Brown Act, Roberts Rules of Order, and our Bylaws. He has spoken to County Counsel to address these issues. He is currently working with regional transit to improve services for people with health conditions, including HIV. He is also working with the Los Rios Community College system to recruit and engage more young people with the planning council.</p> <p>Richard Benavidez assured that the Council is taking steps to address these concerns, and a Brown Act training will be taking place soon.</p>
Agenda and Minutes Review*	Zach B. motioned to approve the agenda as presented. The motion was seconded by Jake Bradley-Rowe. The motion passed with one abstention. Please see the Meeting roll call voting on page 18.

Topic	Minutes
	<p>Kristina Kendricks-Clark motioned to approve the minutes as presented. The motion was seconded by Jake Bradley-Rowe. Richard Benavidez noted an error on Page 2, 5<sup>th</sup> paragraph: it says "my Richard Benavidez" it should say "by Richard Benavidez". Richard Benavidez noted an error on Page 7, 4<sup>th</sup> paragraph: it says "for review and approval" it should say "was presented for review and approval". Tracy Thomas brought up that on Page 7, 2<sup>nd</sup> paragraph: the minutes state that the motion was approved unanimously. Paula Gammell explained that we are in the process of switching over to including the voting worksheet in the minutes, and this will begin this meeting moving forward. Motion to Approve the Minutes as amended was made by Kristina Kendricks-Clark, with a second by Jake Bradley-Rowe. The motion passed with two abstentions. Please see the Meeting roll call voting on page 18.</p>
<p>Presentation: County of Sacramento PrEP &amp; Linkage to Care</p>	<p>Amanda Rehn and Elaine Nye from Sacramento County presented on Sacramento County's Sexual Health Promotion units Linkage to care and PrEP program.</p> <p><b>Linkage to Care: Amanda Rehn</b>  Primary focus is on linking folks who test Preliminary Positive for HIV and/or Reactive for HCV, as well as other STIs, to care and treatment. Serves as a bridge between the Prevention and Surveillance programs. Referrals are received from Community Based Organizations (CBOs) including: GRS, LGBT Center, HRS, GHC, Sunburst, WIND Youth, and other local CBOs, clinics, and health care systems. Disseminate Pozzi Packs to CBO's to give to newly diagnosed preliminary positive patients. These provide immediate information on HIV/HCV in hopes of answering questions and lessening stressors individuals may feel after a preliminary positive diagnosis. Once a referral is received, an appointment is made for confirmatory testing. They often try to schedule at the County Health Clinic, but appointments can be</p>

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	<p>made at other community clinics based on patient need and availability. Provides follow up such as ensuring individuals are able to attend their confirmatory appointments, get started on medication, offer additional referrals and resources, and ensure that patients have everything they need to retain in long term care. So far this year they have been able to link 18 newly diagnosed individuals to care.</p> <p><b>PrEP Navigation: Elaine Nye</b>  PrEP can be obtained at the Sacramento County Sexual Health Clinic (SHC) at 4600 Broadway, Suite 1300 Sacramento, CA 95820. More information can be found at <a href="http://www.SacSexualHealth.com">www.SacSexualHealth.com</a> or by calling the clinic at 916-875-1551. It's ideal because there are many services offered inside this building including a lab, pharmacy, primary care, WIC office, Medi-Cal enrollment, radiology, etc. Other options for accessing PrEP include primary care physicians, One Community Health, Wellspace, Kaiser, SNAHC, etc. There are also options for obtaining PrEP remotely as well as search engines for finding PrEP providers and PrEP Assistance providers.</p> <p>Program Highlights: Since launching 5-7-2020, 120 patients received PrEP! Provide no cost transportation to &amp; from health appointments via county contract w/ Yellow Cab. Provide telehealth &amp; at home STI &amp; PrEP Panel testing via Building Healthy Online Communities (BHOC). Provide medication delivery services. Provide same day access to PrEP via medication starter packs @ SHC &amp; Sunburst Projects. DocuSign &amp; fillable PDFs are available to streamline care between appointments. Hep B &amp; HPV Vaccinations are available. Injectable PrEP is now available at the SHC. Take me home /BHOC is available and provides at home self-testing including testing for PrEP Panels, HIV Finger Stick Test, STI+HIV testing including urine and swabs, and Oral HIV Swab Test. Patients will receive their results online. To get started on PrEP you can contact our PrEP</p>

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	<p>Navigator at 916-247-3815, contact our SHC, and send a secure fax to: 916-854-9588, or secure email: <a href="mailto:DHS-Fax-PUBH-SHCCConf@Saccounty.net">DHS-Fax-PUBH-SHCCConf@Saccounty.net</a>. There are many promotional campaigns including Bus ads with Regional Transit, Billboards, Dating Apps, Social Media, and community outreach material. A main goal is keeping the clinic accessible, to do this the clinic offers:</p> <ul style="list-style-type: none"> <li>-Tablet and Zoom account for Sign Language Interpretation</li> <li>-Translation services for oral and written communication</li> <li>-Braille on new weekly pill containers</li> <li>-Phone chargers in exam rooms</li> <li>-Condom and lube dispensers</li> <li>-Program options for individuals seeking confidential services</li> <li>-At home testing and transportation support</li> <li>-Helping youth understand their rights to Sexual Health Care in CA</li> </ul> <p>As well: - Traditional 4-wall clinics aren't accessible to everyone</p> <ul style="list-style-type: none"> <li>-We meet people where they are at</li> <li>-Community based testing, health counseling and referrals</li> <li>-The program's success revolves around inter-program collaboration, interagency collaboration, word of mouth, advertising, data collection and reporting.</li> </ul> <p>A question and answer session was provided at the end of the presentation. Tracy Thomas asked about cultural competency and about stigmas or challenges that exist in certain communities and how that is addressed in this program. Elaine responded that their program is very familiar working with a very diverse population and that their staff have ongoing training on working with diverse populations. As well, the program recruits and staffs a diverse workforce. Amanda added that she is always mindful of cultural differences when giving a new diagnosis and that the program has a very</p>

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	<p>diverse staff, and staff learn from each other to best serve the community. Tracy Thomas asked if the County has a working definition of cultural competency that is uses. Elaine answered that you would have to refer to her direct supervisor to answer that specific question, but as public health professionals, program staff have a very good working definition of cultural competency, cultural humility, cultural sensitivity, etc. She also mentioned that the program has a community workgroup where they get feedback from the community on programs, campaigns, and materials. Kelly Gluckman wanted to know if the program has any images of women as she did not see any in the images included in the presentation. Elaine responded that the images used in the presentation were for a specific campaign targeted to MSM of color on dating apps in the Sacramento area. She explained that the program has a wide range of diverse media content including women. With no other questions the presentation was concluded.</p>
<p>State Office of AIDS (OA) August 2022 Update</p>	<p><b>Tracy Lee presented an overview of the OA Voice Update for August 2022.</b></p> <p><b>Monkeypox (MPXV) Update</b>  OA is committed to providing updated information related to Monkeypox. They have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases, and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the DCDC website at <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/monkeypox.aspx</a>, to stay informed. On August 2, the CDPH hosted a Monkeypox LGBTQ+ Community Stakeholder Meeting for Community Based Organizations (CBOs) serving the LGBTQ+ community, local health department sexual health programs, and community advocates for a briefing about Monkeypox in California. CDPH provided up to date information about diagnoses,</p>

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	<p>vaccines, and responding to Monkeypox cases. If you were unable to attend, the webinar was recorded. The passcode is: As!1WhkU</p> <p><b>Ending the Epidemics Strategic Plan</b>  In September CDPH will be releasing a blueprint draft for community input based on what they have learned. There will be a comment period that will last through October. Thank you in advance for reviewing this draft plan to be finalized by the end of November and submitted to the CDC and HRSA by their deadline on December 9th. Below is the website that documents our work including the draft roadmap, the recording of the Statewide Town Hall, and the list of completed regional listening sessions:</p> <ul style="list-style-type: none"> <li>• <a href="https://tinyurl.com/CDPHStratPlan">https://tinyurl.com/CDPHStratPlan</a></li> </ul> <p><b>Ending the Epidemic (EHE)</b>  In August, EHE counties attended a special training offered by the Keck School of Medicine about the Street Medicine Model to help strengthen their mobile services especially aimed at people experiencing homelessness.</p> <p><b>Strategy C: Expand Partner Services</b>  CDPH-OA is pleased to announce the availability of a NEW tool for HIV field services in California. A new California Reportable Disease Information Exchange (CalREDIE) disease condition called “STD/HIV Field Investigation Incident” or SHFII will be available in CalREDIE starting in August 2022. Several counties will be piloting its use, with plans to expand to all counties by the end of 2022. SHFII is not intended for use by all counties until pilot testing is complete. SHFII can be used to document HIV field services for:</p> <ul style="list-style-type: none"> <li>• Newly diagnosed HIV infection</li> <li>• Contacts to HIV (Partner Services)</li> </ul>

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	<ul style="list-style-type: none"> <li>• Data to Care (D2C)</li> <li>• Linkage and re-engagement in care</li> <li>• Outbreak/molecular cluster</li> </ul> <p>A SHFII can be linked to an HIV surveillance incident, as well as a Hepatitis C incident. Field services for both syphilis cases and co-infected Syphilis and HIV cases should continue to be documented only in the syphilis incident. OA will provide training materials and user guide to participating jurisdictions. If you have questions on SHFII implementation, contact Brett AugsJoost (<a href="mailto:brett.augsjoost@cdph.ca.gov">brett.augsjoost@cdph.ca.gov</a>), Outbreak and Field Investigation Unit Chief.</p> <p><b>Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP</b></p> <p>As of July 27, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the table at the top of page 6.</p> <p><b>Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs</b></p> <p>In July, the CDC released a report that surveyed overdose data from 25 states and the District of Columbia. The report found young Black people, ages 15 to 24, had the biggest death rate increase from 2019 to 2020, at 86%, compared to 34% for white people that age. American Indian or Alaska Native women from age 25 to 44 died from overdoses at nearly twice the rate of white women in that age group, and overdose death rates in older Black men were nearly seven times as high as those in older white men. The deaths were broadly driven by illicit fentanyl, though deaths attributed to other types of drugs, including stimulants like methamphetamine, have also been rising. In 2021, CDPH data shows Blacks (25.7%) surpassing whites (19.98%) in deaths attributable to psychostimulants (including methamphetamine and cocaine).</p>



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	<p><b>Strategy M: Improve Usability of Collected Data</b>  The California HIV/AIDS Health Disparities Report is now available on the OA Case Surveillance Reports webpage. The report focuses on disparities among new HIV diagnoses by looking at rates of new HIV diagnoses, rate trends over time, and health outcomes by demographics. This report highlights differences in HIV burden and health outcomes by gender, race/ethnicity, and transmission category.</p> <p><b>Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California</b>  OA in partnership with the Los Angeles County Department of Public Health is currently seeking members to serve on the HIV Cluster Detection and Response Community Advisory Board (referred to hereafter as “the community advisory board”). The community advisory board is being formed to have real-time community input integrated into HIV cluster detection and response activities. CDPH is committed to ensuring the representation of the population living with and affected by HIV is appropriately represented on the community advisory board.</p>
CPG/HIV/STI Prevention Updates	<p><b>California Planning Group</b> – Richard Benavidez reported that CPG has met sporadically over the last 3 months and have had a lot of attendance issues due to personal problems. The CPG Fall Conference will be happening in October and is currently being put together.</p> <p><b>HIV/STI Prevention Updates</b> – Tiara Johnson reported that the HIV/STI prevention program is actively recruiting for new locations to host testing events for HIV/HCV/STI’s –these can be one-time events or on a reoccurring basis. They have different grants and can provide testing to a wide range of individuals, so if you have a specific group in mind please reach out. They have recently expanded their Take Me Home testing to a lot more zip codes in Sacramento. Please share this service with any</p>

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	<p>individuals/clients you think could benefit. They are also working with CBO's such as Sunburst Projects and the LGBT Center to host MonkeyPox Vaccine clinics and are helping staff the events. As well, they have been trying to send out weekly/bi-weekly email updates on MonkeyPox including educational materials, Vaccine information, and eligibility information. Please reach out to Danielle or Paula if you would like to receive these emails. There was a question in the chat from Beth Valentine wondering if it would be possible to host a testing event at a homeless shelter. Tiara responded yes, it is possible, just logistics wise they would need a space to conduct confidential counseling and a separate space to run the tests where others wouldn't have access.</p>
<p>Recipient Report:</p> <ul style="list-style-type: none"> <li>➤ FY22 June Part A Monthly Fiscal Report*</li> </ul>	<p><b>FY22 June Part A Monthly Fiscal Report*</b></p> <p>Chelle Gossett presented a copy of the FY22 Part A June Monthly Fiscal Report for review and approval. El Dorado County spent 30.1% of their annual allocations and Placer spent 32%. Sacramento spent 28.1% with an overall expenditure of 28.5% for the Transitional Grant Area (TGA). Discussion of the report ensued. Kelly Gluckman was curious as to why there was underspending in many categories including housing, transportation, childcare, etc. Chelle Gossett explained that the expenditure report is based on the invoices received from providers who are funded in these categories. Some categories have multiple service providers and some have only one. It is based on how providers are spending money based on client need. Kelly was concerned about housing being underspent as she stated she knows a lot of clients who could benefit from housing services. Chelle explained that RW Part A funding only provides emergency housing assistance up to 14 days and requires a physician prescription. It can also be used for individuals with HIV, experiencing MonkeyPox, who need to quarantine. More information on what is funded can be found in the Service Standards and Directives found on the TGA website and in your Council Binders. Kelly wanted to know if providers are aware of what funding is available to them. Chelle explained that the recipient does its</p>

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<p>➤ FY22 June 2022 Part B Monthly Fiscal Report</p> <p>➤ SOA Ending the HIV Epidemic Update</p>	<p>best to make sure sub-recipients understand their funding, and that they should know what funding is available to them based off of their contracts. Someone such as an organizations grant manager should be able to disseminate that information to their organization. There is a matrix explaining who is funded in what categories that has been emailed out previously but will be sent back out again. Jake Bradley-Rowe wanted to remind everyone that Sunburst Projects is the only provider of child care services, and if you have a client with children under the age of 13 and could use support to pay for child care services while they attend an appointment, please refer them to Sunburst Projects. They have recently had many children “age out” of the age range resulting in underspending of child care. It is available to anyone in the TGA, and they do not pay the client directly, instead they pay the childcare provider. As well, with COVID, more patients have been able to have their appointments via Telehealth resulting in less utilization. Discussion of the FY22 June Part A Fiscal Report concluded and Beth Valentine motioned to accept the report as presented, Zach B. seconded the motion. The motion to approve passed with two abstentions.</p> <p>Please see the Meeting roll call voting on page 18.</p> <p><b>FY22 June 2022 Part B Monthly Fiscal Report</b></p> <p>Chelle Gossett presented a copy of the FY22 Part B June Monthly Fiscal Report for review. Yolo County spent 22.36% of their annual allocations. Sacramento spent 32.77% with an overall expenditure of 31.59% for the Transitional Grant Area (TGA).</p> <p><b>SOA Ending the HIV Epidemic Update</b></p> <p>The State Town Hall meetings have met, and a report will be coming out soon with the outcomes of those meetings. The Sexual Health Promotion Unit is currently working with Primary Care to determine the logistics of getting the mobile van out in the community to start serving clients, possibly starting in December.</p>

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<ul style="list-style-type: none"> <li>➤ HRSA Part A Ending the Epidemic Update</li>   <li>➤ RFP Update</li>   <li>➤ FY22 1<sup>st</sup> Quarter Recipient Report</li> </ul>	<p><b>HRSA Part A Ending the Epidemic Update</b>  The Sexual Health Clinic is currently working through staffing issues, and there is only one HIV provider who works on Mondays, they are currently in the process of hiring 2 ½ more providers. Job offers have already been made, and they hope to have them on-boarded soon and be able to offer HIV appointments 5 days a week. The exam rooms for the clinic build-out are completed, and most of the furniture has been moved in, and they hope to open up those rooms in the first couple weeks of September.</p> <p><b>RFP Update</b>  The RFP is still with contracts and will hopefully be released soon.</p> <p><b>FY22 1<sup>st</sup> Quarter Recipient Report</b>  The FY22 1st Quarter Recipient Report was included in the materials, and a few key metrics were highlighted during the meeting. This included that the TGA served 1,623 unduplicated clients in FY22 1<sup>st</sup> quarter and assisted 60 new (never been served in the TGA) clients. This report is strictly informational and does not report on CQI measures.</p>
<p>Committee Updates</p> <p>AdAC01 Administrative Assessment*</p>	<p><b>Administrative Assessment Committee:</b> Richard Benavidez advised that the Committee met and discussed the AdAC01 Administrative Assessment which was presented for review and approval. Changes to the AdAC01 Administrative Assessment included the elimination of the term “Fiscal Agent” and the adoption of the term “Recipient”, a date revision, and the adoption of Richard Benavidez’s name and signature as the council chair. Jake Bradley-Rowe motioned to accept the AdAC01 Administrative Assessment as presented and Zach B. seconded the motion. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p>

Topic	Minutes
AdAC Overview*	<p>The AdAC Overview was presented for review and approval. Changes to the AdAC Overview included the elimination of the term "Fiscal Agent" and the adoption of the term "Recipient", a date revision, and the adoption of Richard Benavidez's name and signature as the council chair. Kristina Kendricks-Clark motioned to accept the AdAC Overview as presented and Melissa Willett seconded the motion. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p>
FY21 Year-End Findings	<p>The FY21 Year-End Findings were presented for review. All standards were met and exceeded except for #2. Fiscal Monitoring, Standard K: Follow through on changes recommended by the County Auditor on subrecipient audit reviews; this was rated as standard met.</p>
Recruitment Flyer*	<p><b>Affected Communities Committee:</b> Zach B. advised that the Committee met and updated the new recruitment flyer, adding some required language from HRSA. It was presented for review and approval. Jake Bradley-Rowe motioned to accept the recruitment flyer as presented, and Beth Valentine seconded the motion. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p>
Reflectiveness	<p>Zach B. reported that the current council reflectiveness was at 39.1%, and we have 3 individuals waiting to be appointed, and the reflectiveness will be adjusted accordingly. Tracy Thomas asked what the reflectiveness referred to. Paula Gammell stated that it is required that 33% of seated members be non-aligned consumers and that the Planning Council is required to reflect the epidemic in the region. Tracy asked that if we have 39% non-aligned consumers, does that mean the remaining 61% are aligned with a funded provider. Paula responded that not all of the remaining seated members are aligned with a funded provider but that they indeed do not represent a non-aligned consumer. Some are assigned designated seats that were created by the original Ryan White Legislation.</p>

Topic	Minutes
FY22 Priorities* (same document)	<p><b>Priorities and Allocations:</b> Jake Bradley-Rowe advised that the Committee met a few times and reviewed the FY22 Priorities and FY22 Carryover Allocations. PAC had previously voted on the service category priorities, but HRSA asked that these be ranked regardless if they are funded by the TGA. The updated FY22 Priorities were presented for review and approval. A motion to approve the FY22 Priorities as presented was made by Zach B. and Richard Benavidez seconded the motion. Discussion of the FY22 Priorities ensued. Paula Gammell highlighted that Priority #2 and #9 are not currently funded but that they were moved up on the list for the potential of being funded at a later time. Chelle Gossett pointed out that the priority rankings represent the need for service in the TGA and is not indicative of the amount of money allocated; some services ranked lower on the list may require more funding based on the type of service. Tracy Thomas asked what the conflicts referred to and why linguistic services stated none. Jake Bradley-Rowe explained that since no agency is currently receiving Ryan White funding to provide linguistic services at this time, there are no conflicts. The HRSA Policy Clarification Notice 1602 lists all of the definitions of the service categories. Some services such as ADAP used to be funded by the TGA but is now funded at the state level. Discussion concluded and the motion voting began. Please see the FY21 to FY22 Carryover Priorities Vote on page 19 to see that the motion passed with majority.</p> <p>A discussion ensued whether or not we had enough seated members present to continue conducting quorum. According to the Bylaws we only need 1/3 of seated members to conduct quorum, superseding Roberts Rules or Order.</p> <p>As we were over meeting time by 12 minutes, a motion was made by Zach B. to extend the meeting by 30 minutes, and the motion was seconded by</p>

Topic	Minutes
<p>FY21-FY22 Carryover Allocations* ↑ (same document)</p>	<p>Jake Bradley-Rowe. Discussion ensued and an amended motion to extend the meeting time by 45 minutes was made by Zach B. and seconded by Jake Bradley-Rowe. Motion to pass was approved by majority. Please see the Meeting roll call voting on page 18.</p> <p>The FY21-FY22 Carryover Allocations were presented for review and approval. Jake Bradley-Rowe explained that the first recommendation was voted down by the Executive Committee and an emergency meeting was held to go back over the amounts. There was over \$460,000 available for carryover due to HRSA waiving the 5% requirement due to COVID, allowing for more than 5% to be carried over. The amount requested was scrutinized over because there are penalties that can be assessed to the TGA if the 5% is not met. Jake explained that the reason the full amount was not requested was due to the possible penalties that read: UOB Penalties If unobligated balances (UOB) of formula award exceed five percent, two penalties are imposed: 1. Future year award is reduced by amount of UOB less the amount of approved carryover; and 2. The grantee is not eligible for a future year supplemental award. NOTE that like all other grantees with UOB, the amount of UOB not covered by a waiver for carryover is subject to an offset, described above. It was also mentioned that reallocation will be happening soon as well, so it was difficult to determine how much money providers would actually be able to spend. The final recommendation for FY21-FY22 Carryover came to \$165,600 for the whole TGA. Richard Benavidez motioned to accept the FY21-FY22 Carryover Allocations, and Kristina Kendricks-Clark seconded the motion. Please see the FY21 to FY22 Carryover Allocations Vote on page 20 to see that the motion passed with majority.</p> <p><b>Quality Advisory Committee (QAC):</b> Richard Benavidez reported that the Quality Advisory Committee did not meet; their next meeting is scheduled for September 6<sup>th</sup>, 2022.</p>

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	<p>They did want to notify the council that they have a chair seat open and available for appointment. If interested, please submit your name to Danielle &amp; Paula.</p> <p><b>Needs Assessment Committee:</b> Richard Benavidez reported that the Needs Assessment Committee did not meet.</p> <p>Approximately 57 surveys have been completed and entered into the database.</p> <p><b>Governance:</b> Nothing to report.</p>
Binder Updates	Binder updates will be forthcoming with the documents approved at today's meeting, an updated roster, and table of contents.
Technical Assistance Needs	Please address all questions and/or concerns to Richard Benavidez or Kristina Kendricks-Clark.
Adjournment	Meeting adjourned 12:26 PM Next meeting: September 28, 2022



County of Sacramento - Ryan White CARE Program  
Sacramento TGA HIV Health Services Planning Council

Meeting Date: 8/24/2022

<b>Seated Members</b>	<b>Signature</b>	<b>Agency/Affiliation</b>
Beth Valentine	Teleconference	Volunteers of America
Chelle Gossett	Teleconference	Sacramento County Public Health
David Contreras	Absent	SHRA
Dennis Poupart	Excused	N/A
Jake Bradley-Rowe	Teleconference	Sunburst Projects
Joshua Kooman	Teleconference	N/A
Judy Vang	Teleconference	AIDS Education and Training Center
Kaye Pulupa	Absent	California State Office of AIDS
Kane Ortega	Absent	N/A
Kristina Kendricks-Clark	Teleconference	Harm Reduction Services
Melissa Willett	Teleconference	Sierra Foothills AIDS Foundation
Melody Law	Teleconference	Sacramento County Public Health
Michael Ungeheuer	Absent	County of El Dorado Public Health
Michael Wofford	Absent	CA State Medi-Cal Pharmacy Benefits Div.
Minerva Reid	Absent	N/A
Richard Benavidez	Teleconference	Sierra Foothills AIDS Foundation
Ronnie Miranda	Excused	N/A
Shy Brown	Excused	WellSpace Health
Steve Austin	Absent	N/A
Tracy Jenkins	Absent	N/A
Tracy Thomas	Teleconference	N/A
William Rhodes	Absent	Golden Rule Services
Zachary B.	Teleconference	N/A

Staff: Paula Gammell	Teleconference	Sacramento County Public Health
Staff: Danielle Caravella	Teleconference	Sacramento County Public Health

Meeting Date: 8/24/2022

<b>Guests:</b>	<b>Signature</b>	<b>Agency/Affiliation</b>
Tracy Lee	Teleconference	State Office of AIDS
Rashida Green	Teleconference	RX Healthcare
Christopher Kendrick Stafford	Teleconference	Consumer
Keshia Lynch	Teleconference	One Community Health
Kelly Gluckman	Teleconference	One Community Health
Amanda Rehn	Teleconference	Sacramento County Public Health
Tiara Johnson	Teleconference	Sacramento County Public Health
Elaine Nye	Teleconference	Sacramento County Public Health

County of Sacramento - Ryan White CARE Program  
 Sacramento TGA HIV Health Services Planning Council

Meeting Date 8/24/2022

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Seated Members	Agenda			Minutes			FY22 June Part A Fiscal Report			AdAC01*			AdAC Overview			Recruitment Flyer			FY22 Priorities			FY21 Carryover Allocation			Meeting Extension 45 min				
	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain	Approve	Oppose	Abstain		
Beth Valentine	x			x			x			x			x			x										x			
Chelle Gossett	x			x					x	x			x			x											x		
David Contreras																													
Dennis Poupart																													
Jake Bradley-Rowe	x			x			x			x			x			x										x			
Joshua Kooman			x			x			x	x			x			x											x		
Judy Vang						x	x			x			x			x													
Kaye Pulupa																													
Kane Ortega																													
Kristina Kendricks-Clark	x			x			x			x			x			x											x		
Melissa Willett													x			x													
Melody Law	x			x			x			x			x			x											x		
Michael Ungeheuer																													
Michael Wofford																													
Minerva Reid																													
Richard Benavidez	x			x			x			x			x			x											x		
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Steve Austin																													
Tracy Jenkins																													
Tracy Thomas	x			x			x			x			x			x											x		
William Rhodes																													
Zachary B.	x			x			x			x			x			x											x		

Motion Second Zach B. Kristina Kendricks-Clark Beth Valentine Jake Bradley-Rowe Kristina Kendricks Clark Jake Bradley-Rowe Zach B. Richard Benavidez Zach B. Richard Benavidez Kristina Kendricks-Clark Jake Bradley-Rowe

Amended Motion Amended Second Kristina Kendricks-Clark Jake Bradley-Rowe Zach B. Jake Bradley-Rowe



Conflicts	Zach B.	Dr. Law	Dennis P.	Shy Brown	Judy Yang	Kristina KC	Beth V.	Tracy J.	Jake BR	Kane O.	Joshua K.	Mike W.	Richard B.	David C.	Minerva R.	Tracy T.	Kaye P.	William R.	Melissa W.	Michael U.	Ronnie M.	Steve A.
<b>EL DORADO COUNTY</b>	SFAF	\$ 9,000	x																			
<b>PLACER COUNTY</b>	SFAF	\$ 21,600	x																			
<b>Sacramento County</b>																						
<b>1 Ambulatory/Outpatient Medical Care</b>	OCH, UCD																					
<b>2 AIDS Pharmaceutical Asst.</b>	OCH, SP																					
<b>3 Health Insurance Premiums</b>	OCH																					
<b>4 Oral Health Care</b>	OCH																					
<b>5 Medical Case Management Services</b>	HRS, OCH, SP, UCD	\$ 90,000	x																			
<b>6 Non-Medical Case Management</b>	GRS, OCH																					
<b>7 Food Bank/Home Delivered Meals</b>	OCH																					
<b>8 Mental Health Services</b>	OCH, SP	\$ 40,000	x																			
<b>9 Psychosocial Support Services</b>	None																					
<b>10 Medical Transportation Services</b>	HRS, SP, OCH, UCD	\$ 5,000	x																			
<b>11 Substance Abuse Services - Outpatient</b>	OCH																					
<b>12 Substance Abuse Services - Residential</b>	OCH																					
<b>13 Housing Assistance</b>	OCH, VOA																					
<b>14 Child Care Services</b>	SP																					
<b>15 Emergency Financial Assistance</b>	OCH, SP, VOA																					
<b>16 Medical Nutritional Therapy</b>	OCH																					
<b>17 Health Education Risk Reduction</b>	OCH																					
<b>18 MAI Outreach</b>	GRS, LGBT																					
<b>19 Outreach Non-MAI</b>	OCH																					
<b>20 Linguistic Services</b>	None																					
<b>21 Home &amp; Community Based Health Services</b>	None																					
<b>22 Home Health Care</b>	None																					
<b>23 Hospice</b>	None																					
<b>24 Legal Services</b>	None																					
<b>25 Permanency Planning</b>	None																					
<b>26 Referral for Health Care &amp; Support Services</b>	None																					
<b>27 Rehabilitation Services</b>	None																					
<b>28 Respite Care</b>	None																					
<b>29 ADAP</b>	None																					
<b>30 Early Intervention Services</b>	None																					